

**Rhode Island Department of Health  
Bathing Beaches Monitoring Program**

**ILLNESS COMPLAINT FORM**

This form is to be filled out only if you or someone you know became sick from swimming.

Name:

Telephone #:

E-mail address:

If you're filling this form out for a child please check here. ☐

Age of child:

If for an adult, please continue on.

Gender:

Male ☐ Female ☐

Age:

☐ Under 18

☐ 18-35

☐ 35-50

☐ 50-65

☐ 65-80

☐ Over 80

When did this illness occur?

Were there any of the following environmental factors present while you were swimming?

Check all that apply:

☐ Dirty or murky water

☐ Debris in the water

☐ Oil or sewage in the water

☐ Waterfowl (such as seagulls, ducks, geese)

☐ Seaweed floating in the water

☐ Other, please explain..

How would you describe the kind of contact you made with the water?

☐ up to your knees

☐ up to your waist

☐ up to your neck

☐ over your head

How would you best describe your illness?

(If you have chronic infections year-round please don't check.)

Check all that apply:

- ☐ Ear infection
- ☐ Eye infection
- ☐ Sore throat
- ☐ Stomach pains/Gastroenteritis
- ☐ Pink itchy rash/Swimmer's itch
- ☐ vomiting
- ☐ diarrhea
- ☐ Other, please explain..

What is the name of the beach where you were swimming?

(Please include town or city)

Approximately how many people were in the water?

Were there any other people at the beach with similar symptoms?

Yes ☐ No ☐

Has this illness occurred more than once?

Yes ☐ No ☐

If yes, did it occur at the same beach or a different beach?

same ☐ different ☐

If it was a different beach, please give name and location.

Did you go to see a physician?

Yes ☐ No ☐

If yes, did they relate your illness to swimming?

Yes ☐ No ☐

Did you inform your doctor you were swimming?

Yes ☐ No ☐

Was this before or after they diagnosed your illness?

Before ☐ After ☐

How did they diagnose your illness? Please explain..

What was the doctors name and location? (optional, however this information may help us with our future studies.

Thank you for filling out our survey. If you have any other questions or concerns, please feel free to call the Health Department at (401)222-2749 or E-mail us at [ribeaches@doh.state.ri.us](mailto:ribeaches@doh.state.ri.us)

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